Revised 06/05

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-3701 www.iowa.gov/ethics



lowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filled within 20 days of receipt of the gift, bequest, or grant.

FC	RM-	GBG

Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf

or the state	
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4.8.1	
 	

State Training School	
Name of Department or Office	ldora_1A_50627
Mailing Address C	ity, State, Zip Code
641-451-5402 Area Code & Telephone No.	
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFIC	CE:
Millie Dagit	
Name 3211 Edgington Ave.	Eldora, I.A. 50627
Mailing Address (if different from above)	City, State, Zip (if different from above)
nail Address Area Code & Telephone Number (if different from	
	read door a relegionic restriction (in directly from accord)
ONOR OF GIFT, BEQUEST, OR GRANT:	
Christian Library International	·
Name	
3800 Hillcrest Drive Raleigh, NC 27610	·
Mailing Address City, State, Zip Code	04/06/2010 \$ 60.00
Area Code & Telephone Number	Date of Gift, Bequest, or Grant Amount/Value*
rated code a Telephone Hamber	*value is defined as *fair market value* of item as determined by receiving department or office, If no value mark *0.00*.
Emeil Address (optional)	receiving department or office, in 10 value mark 0,00 .
Provide a description of the gift, bequest, or grant and purpose thereof:	. 2
Donation of books and materials for student use	
	APR
Criteria to use this form:	
Receipt of any gift, bequest, or grant that is received by any department	of the state or received by the Governor on habite of the state
receipt or any ani, sectional, or grant that is received by any capabilities	The state of received by the Governor on Dental of the state.
	ā i
tatement of Affirmation:	** · ·
Millia Dorit	w 5
affirm that the gift, bequest, or grant reported and assessment of the fair market value (if applicable) is correct and	ed above is accurate. I further affirm that the information concerning the
men and and and an analysis uniterest and fit abbuilded by solitors and	see to any evilly laterings of
	04/09/0010
MARKET	04/08/2010
Signature /	Date